

**CDBG CDAC APPLICANT RATING SHEET** (p1 of 2)

APPLICANT \_\_\_\_\_ INITIAL SCORE \_\_\_\_\_ FINAL SCORE \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

PRESENTATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CDAC SUBCOMMITTEE (circle one)    A    B    C

CDAC MEMBER: \_\_\_\_\_ ATTEND PRESENTATION?    Y    N

CRITERION	CONSIDERATIONS	POINTS	
<b>SCOPE OF WORK</b>	<ul style="list-style-type: none"> <li>♦ Is it clear what the project proposes to DO, what clients will GET OUT OF IT and how one can tell whether the money has “bought” something of value to the clients?</li> <li>♦ Has the need for the activity been researched, evaluated and clearly demonstrated?</li> <li>♦ Have other currently existing options to address the need been explored and evaluated (both public and private) and found inadequate?</li> <li>♦ Are the proposed activities clearly defined and reasonable?</li> <li>♦ Are the proposed activities Quantifiable to ensure performance?</li> <li>♦ Have necessary outreach efforts been described to reach the target client (culturally and language sensitive)?</li> <li>♦ Is effectiveness measurable ( Pre- and post-tests, grades, become employed, health improved)</li> <li>♦ Can the clients easily get to, and access, the services?</li> </ul>	(max = 20)	
<b>BENEFIT TO PERSONS IN NEED</b>	<ul style="list-style-type: none"> <li>♦ <b><u>How will the applicant verify and document CDBG eligibility?</u></b></li> <li>♦ How seriously at-risk are the proposed clients?</li> <li>♦ How many clients will be served and at what level? (serving 100 clients with one annual health fair may be less effective than serving 10 clients weekly on an individual basis for an extended periods)</li> <li>♦ Is there any fee or cost to the clients?</li> <li>♦ Will the service have any long term effect on or for the client?</li> </ul>	(max = 20)	

**CDBG CDAC APPLICANT RATING SHEET** (p2 of 2)

<b>LEVERAGING</b>	<ul style="list-style-type: none"> <li>♦ What percentage of the project funding is CDBG?</li> <li>♦ Are volunteers or in-kind donations used?</li> <li>♦ Have other existing resources been identified and integrated as appropriate?</li> <li>♦ For how many years does the applicant require public funding?</li> <li>♦ What is the applicant's fund raising success history and from whom?</li> </ul>	(max = 20)	
<b>ORGANIZATIONAL CAPACITY</b>	<ul style="list-style-type: none"> <li>♦ How long has the organization been active and incorporated?</li> <li>♦ How similar is the proposed activity to what the applicant has done?</li> <li>♦ What levels of experience and credentials do staff and management have?</li> <li>♦ What is staff turnover rate?</li> <li>♦ Does the organization have a balanced budget?</li> <li>♦ Does the organization have an adequate (and accessible) site, location or office?</li> <li>♦ Does the organization have adequate office technology and administrative support?</li> <li>♦ How much does the organization spend on management versus direct service delivery?</li> <li>♦ What kind of track record does the organization have?</li> <li>♦ If previously publicly funded, has the organization been prompt and accurate in reporting and billing and delivered as proposed in previous contracts?</li> <li>♦ What, if any, is the community perception of the organization?</li> </ul>	(max = 20)	
<b>BUDGET</b>	SEE BUDGET REVIEW ATTACHMENT PAGE	(max = 20)	
<b>TOTAL POINTS RECOMMENDED</b>		(max = 100)	